MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH				
1. PLACE OF DEATH		3938	3938	
County Burhaua Reflectation District	1004	Pile No.	0	
Township Primary Registration		Registered No.	Ö	
Cty 2/ (02e) 1805/	mulber		Word)	
2. FULL NAME TO ME			,	
:00511	Ward		********	
(Usual place of abode)	(If n	onresident give city or town and State		
Length of residence in city or town where death occurred yrs. mes.	ds. How long in U.S., if of	foreign birth? yrs. mos.	ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CER	TIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY	AND TEAR SELV SIL	1923	
m negle marrier	17.	G	7 ()	
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		Y. That I attended deseased from	122	
HUSBAND OF Colin Raid	that I last saw h. Rollin alive on.	160 123	and that	
	death occurred, on the data stated above,	et // Y		
6. DATE OF BIRTH (MONTH), DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS then 1	THE CAUSE OF DEATH * WA	S AS FOLLOWS		
7. AGE YEARS MONTHS DAYS II LESS than 1 day,	7 peules	& sarguen	9	
6/ Rul Mull, ormin.	tillet for	1	**********	
B. OCCUPATION OF DECEASED	93 /			
(a) Trade, profession, or particular kind of work	'07 A	f. (duration)	۸da,	
(b) General nature of industry,	CONTRIBUTORY WWW	al Almerita	uff	
business, or establishment in / / which employed (or employer)	(SECONDARY)		1	
(c) Name of employer	Logo from J	(dmation)		
Moriah	18. WHERE WAS DISEASE CONTRACTED			
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	IF NOT AT PLACE OF BEATHY		•••••	
10, NAME OF FATHER MAD C. Pay	DID AN OPERATION PRECEDE DEATHS	no DATE OF MOU	·········	
IU. NAME OF PATHER PHOSE COY.	WAS THERE IN ULTOPSYT		A	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MIME	WHAT TEST CONFIRMED DIAGROSIST	Olymen les	D	
(STATE OR COUNTRY) Quitnovan	(Signed) Level	Maur	, M. D	
12. MAIDEN NAME OF MOTHER Willnown	// F. 19 . 27 (Address) / C	788 messon	in	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). MULTINALOW		ATH, or in deaths from Violent Causes		
(STATE OR COUNTRY) WWW.	(1) MEANS AND NATURE OF INJURY, HOMICIDAL. (See reverse side for addition	and (2) whether Accumantal, Suicinonal space.)	, ATT OL	
INFORMANTI Jaulia Ray	19. PLACE OF BURIAL, CREMATIO	N, OR REMOVAL DATE OF BUR	RIAL	
(Address). (1805/2 Mulberne S)	arblan - 20	Jen 2/13	- 10 - 1 - 15.	
STED 1 9 1923 San Alexand	20. UNDERTAKER	ADDRESS	19 / 2	
REGISTRAR	000	1 000	2.	
	J. Y. Kambe	1947.6	- ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Helath Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29' ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia." "PUERPERAL · peritonitis." etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nore.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements
BY PHYSICIAN.